IOWA DEPARTMENT OF PUBLIC HEALTH

Bureau of Radiological Health Lucas State Office Building, 5th Floor 321 East 12th Street, Des Moines, IA 50319

COMPLETION OF SHOULDER RADIOGRAPHY TRAINING AND STATEMENT OF COMPETENCY

Trainee: _____

As th	ne instructor for the above individual, I	verify that this individual has completed:
1. 2.	Classroom training in shoulder anatomy and radiation protection; and A clinical program that included: a. Positioning, film critique, and competency testing for AP internal and external rotation, AP neutral, and transthoracic lateral procedures, and b. Direct supervision by me, a general radiographer.	
	ify that the above individual is competerding to the Bureau of Radiological He	ent to perform limited shoulder radiography alth's requirements.
_	nt permission for a representative of ID re individual meets the IDPH training st	PPH to comprehensively evaluate whether the tandards.
Name (signed)		Date
Name printed		
Addı	ress	
Phon	ne	
2013	}	